

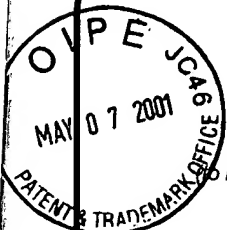
Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

to be used for all correspondence after initial filing)

Application Number	09/821,935
Filing Date	March 30, 2001
First Named Inventor	Douglas E. Crafts
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket Number	42390P10315

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Formal Drawings; Figs. 1A-5; 5 pgs.	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Petition under 37 CFR 1.182	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Stamped, return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	It is believed that this is the correct fee for this request, and no further fee is due, however, should any further fee be required for any reason relating to the enclosed materials, or any credit due, please deduct or credit said fees to Blakely Sokoloff Taylor & Zafman LLP Deposit Account 02-2666.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John Travis; Reg. No. 43,203
Signature	<i>John Travis</i>
Date	5-2-01

CERTIFICATE OF MAILING

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Typed or printed name	Reina Bernfeld
Signature	<i>Reina Bernfeld</i>
Date	5-2-2001

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**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

Complete if Known

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Attorney Docket No.	42390P10315

TOTAL AMOUNT OF PAYMENT (\$)**130.00****METHOD OF PAYMENT**

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	02-2666
Deposit Account Name	Blakely, Sokoloff, Taylor & Zafman

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17☐ Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:**

☒ Check ☐ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Code	Small Entity Code	Fee (\$)	Fee Description	Fee Paid
101	201	355	Utility filing fee	
106	206	160	Design filing fee	
107	207	245	Plant filing fee	
108	208	355	Reissue filing fee	
114	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)**-0-****2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Code	Small Entity Code	Fee (\$)	Fee Description
103	203	9	Claims in excess of 20
102	202	40	Independent claims in excess of 3
104	204	135	Multiple dependent claim, if not paid
109	209	40	** Reissue independent claims over original patent
110	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**-0-**

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

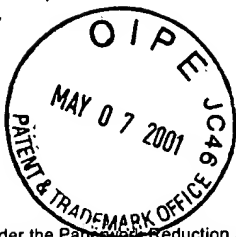
Large Entity Code	Small Entity Code	Fee (\$)	Fee Description	Fee Paid
105	205	65	Surcharge - late filing fee or oath	
127	227	25	Surcharge - late provisional filing fee or cover sheet	
139	239	130	Non-English specification	
147	247	2,520	For filing a request for <i>ex parte</i> reexamination	
112	212	920*	Requesting publication of SIR prior to Examiner action	
113	213	1,840*	Requesting publication of SIR after Examiner action	
115	215	55	Extension for reply within first month	
116	216	195	Extension for reply within second month	
117	217	445	Extension for reply within third month	
118	218	695	Extension for reply within fourth month	
128	228	945	Extension for reply within fifth month	
119	219	155	Notice of Appeal	
120	220	155	Filing a brief in support of an appeal	
121	221	135	Request for oral hearing	
138	238	1,510	Petition to institute a public use proceeding	
140	240	55	Petition to revive - unavoidable	
141	241	620	Petition to revive - unintentional	
142	242	620	Utility issue fee (or reissue)	
143	243	220	Design issue fee	
144	244	300	Plant issue fee	
122	222	130	Petitions to the Commissioner	130.00
123	223	50	Petitions related to provisional applications	
126	226	240	Submission of Information Disclosure Stmt	
581	281	40	Recording each patent assignment per property (times number of properties)	
146	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	279	355	Request for Continued Examination (RCE)	
169	269	900	Request for expedited examination of a design application	

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**130.00****SUBMITTED BY**Name (Print/Type) **John Travis**Registration No. **43,203**
(Attorney/Agent)**Complete (if applicable)**Telephone **(512) 330-0844**Signature *John Travis*Date **5-2-01****WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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PTO/SB92 (08-00)

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Washington, D.C. 20231

on May 2, 2001
Date

Reina R. Bernfeld
Signature

Reina R. Bernfeld

Typed or printed name of person of signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Encl.: Transmittal Form
Fee Transmittal (+1)
Petition Under 37 CFR 1.182
Five sheets of formal drawings; Figures 1A-5

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